

June 3, 2016
Announcement 1159

Drug Quantity Limits Effective May 16, 2016

The following quantity limits were approved by the Drug Use Review (DUR) Board and have been applied effective May 16, 2016:

Brand Name	Generic Name	Strength	Dosage Form	Limit
Daklinza®	Daclatasvir		Tablet	14 days supply first fill, 28 tabs per rolling 25 days on subsequent fills
Technivie®	Ombitasvir/ Paritaprevir/ Ritonavir		Tablet	14 days supply first fill, 2 boxes of tablets, 56/28 days
Mitigare®	Colchicine	0.6mg	Capsules	60 capsules/30 days
Colcrys®	Colchicine	0.6mg	Tablet	90 tabs/30 days - FMF 60 tabs/30 days - Chronic Gout
Praluent®	Alirocumab	75mg 150mg	Pen/Syringe	2 pens/syringes per rolling 28 days
Repatha®	Evolocumab	140mg/ml	Pen/Syringe	3 pens/syringes per rolling 28 days

Please refer to the Nevada Medicaid Fee for Service [Pharmacy Billing Manual](#) for further details.